

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKinley for State Senate

**IMPORTANT:** Indicate type of committee you are reporting for: ☒

( 1 ) Statewide/Legislative Candidate ( 2 ) Statewide PAC ( 3 ) State Party ( 4 ) County/Local Candidate  
( 5 ) County PAC ( 6 ) Ballot Issue/Franchise Committee ( 7 ) County/City Central Committee

### CANDIDATE COMMITTEES ONLY:

Candidate Name

Paul McKinley

Political Party

Republican

Office Sought

State Senate

District (if Senate or House)

36

**FORM  
DR-2**

(Rev. 07/2003)

**DISCLOSURE  
REPORT**

### For Office Use Only

Comm. #

Logged in

Scanned

Computer

Audited

**ETHICS & CAMPAIGN  
DISCLOSURE BOARD**

JUN - 3 2004

PM 6-2

  
SIGNATURE OF TREASURER (or person filing this report)

641-774-5  
TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

### SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 5-14-04 to 6-1-04 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.  
(report date) Indicate one ☒

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

### STATEMENT OF CASH ON HAND

**CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

2,591.47

### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

4,170.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

**SUB-TOTAL** .....\$ 6,761.47

### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

6,761.47

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

**\*\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

163.45

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

### CANDIDATE COMMITTEES ONLY:

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

☐ YES

☐ NO

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKinley For State Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/13/04	ID# CK# 5819	Hultman Co. 1200 57th Street West Des Moines, IA 50266		\$100	<input type="checkbox"/>
5/20/04	ID# 6075 CK# 1569	IA Nurses' Association PAC 1501 42nd Street Suite 471 West Des Moines, IA 50266		100	<input checked="" type="checkbox"/>
5/20/04	ID# 1269 CK# 5565	Mr & Mrs Louis Zenti 2822 NW North Creek Circle Ankeny, IA 50021		75	<input checked="" type="checkbox"/>
5/20/04	ID# CK# 1426	R Lynn Johnson Chariton, IA 50049		250	<input checked="" type="checkbox"/>
5/20/04	ID# CK# 8067	Stephen or Dawn Roberts 666 Walnut St, Suite 2500 Des Moines, IA 50309-3993		75	<input checked="" type="checkbox"/>
5/20/04	ID# 6058 CK# 2373	IA Chiropractic Society, PAC 1605 N Ankeny Blvd, Suite 100 Ankeny, IA 50021		100	<input checked="" type="checkbox"/>
5/20/04	ID# 6250 CK# 2231	IA Cable PAC 8350 Hickman Road, Suite 2 Clive, IA 50325		150	<input checked="" type="checkbox"/>
5/20/04	ID# 6096 CK# 1792	Manufactured Housing PAC 1400 Dean Ave Des Moines, IA 50316		150	<input checked="" type="checkbox"/>
5/20/04	ID# 6155 CK# 004135	Taxpayers United PO Box 209 Muscatine, IA 52761		150	<input checked="" type="checkbox"/>
5/20/04	ID# 6059 CK# 2454	IA Comm. of Automotive Retailers 1111 Office Park Road West Des Moines, IA 50265		250	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1,500	
TOTAL (if last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form

# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

061 4 2004  
pm 9-30

Reset Form

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McKinley For State Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/13/04	ID# CK# 5819	Hultman Co. 1200 57th Street West Des Moines, IA 50266		\$100	<input type="checkbox"/>
5/20/04	ID# 6075 CK# 1569	IA Nurses' Association PAC 1501 42nd Street Suite 471 West Des Moines, IA 50266		100	<input checked="" type="checkbox"/>
5/20/04	ID# 1269 CK# 5565	Mr & Mrs Louis Zenti 2822 NW North Creek Circle Ankeny, IA 50021		75	<input checked="" type="checkbox"/>
5/20/04	ID# CK# 1426	R Lynn Johnson Chariton, IA 50049		250	<input checked="" type="checkbox"/>
5/20/04	ID# CK# 8067	Stephen or Dawn Roberts 666 Walnut St, Suite 2500 Des Moines, IA 50309-3993		75	<input checked="" type="checkbox"/>
5/20/04	ID# 6058 CK# 2373	IA Chiropractic Society, PAC 1605 N Ankeny Blvd, Suite 100 Ankeny, IA 50021		100	<input checked="" type="checkbox"/>
5/20/04	ID# 6250 CK# 2231	IA Cable PAC 8350 Hickman Road, Suite 2 Clive, IA 50325		150	<input checked="" type="checkbox"/>
5/20/04	ID# 6096 CK# 1792	Manufactured Housing PAC 1400 Dean Ave Des Moines, IA 50316		150	<input checked="" type="checkbox"/>
5/20/04	ID# 6155 CK# 004135	Taxpayers United PO Box 209 Muscatine, IA 52761		250	<input checked="" type="checkbox"/>
5/20/04	ID# 6059 CK# 2454	IA Comm. of Automotive Retailers 1111 Office Park Road West Des Moines, IA 50265		250	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 1,500

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2  
(for Schedule A)

For Instructions, See Back of Form



SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**COMMITTEE NAME** (Must be same as on Statement of Organization)

McKinley For State Senate

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
✓ 5/20/04	ID# 6027 CK# 2158	Deere PAC IA 666 Grand Ave, Suite 1707 Des Moines, IA 50309		\$1,000	<input checked="" type="checkbox"/>
✓ 5/24/04	ID# 6400 CK# 288	IA Hospitality Assoc, PAC 3800 Merle Hay Road, Suite 606 Des Moines, IA 50310		150	<input checked="" type="checkbox"/>
✓ 5/24/04	ID# 6146 CK# 1553	Homebuilders Assoc, PAC Des Moines, IA		200	<input checked="" type="checkbox"/>
5/27/04	ID# CK# 2323	Earl & Hazel Griffin 516 N 7th St Knoxville, IA 50138		500	<input checked="" type="checkbox"/>
5/27/04	ID# CK# 374	Walter & Betty Griffin 2805 Springleaf Ct Fort Worth, TX 76133		200	<input checked="" type="checkbox"/>
5/27/04	ID# CK# 8081	Shirley A Eivins 606 N 7th St Knoxville, IA 50138		300	<input checked="" type="checkbox"/>
5/27/04	ID# CK# 2548	Leland & Shirley VanderLinden 300 Walnut Box 139 Des Moines, IA 50309		100	<input checked="" type="checkbox"/>
✓ 5/27/04	ID# 6067 CK# 3091	IA Health PAC 6750 Westown Parkway #100 West Des Moines, IA 50266		200	<input checked="" type="checkbox"/>
5/27/04	ID# CK# Cash	UNDISCLOSED		20	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 2,670

**TOTAL (if last page of this schedule)**

\$ 4,170

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

McKinley For State Senate



SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/20/04	IA Industry PAC 904 Walnut St, Suite 100 Des Moines, IA 50309-3503		Fundraiser Catering	\$ 163.45	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (if last  
page of this  
schedule)

\$

163.45

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)